

**THIRTEENTH JUDICIAL CIRCUIT
BOONE AND CALLAWAY COUNTIES
FAMILY COURT
JUVENILE DIVISION**

APPLICATION FOR DETERMINATION OF INDIGENCY

☐ **INDIGENCY** ☐ **EXTENSION FOR PAYMENT OF COURT COSTS**

JUVENILE(S) NAME: _____

NAME: _____ SSN: _____ - _____ - _____ BIRTHDATE: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE (HOME): _____ (WORK) _____

MARITAL STATUS: single _____ married _____

ARE YOU EMPLOYED? Yes _____ No _____ If yes, where? _____

WHAT IS YOUR EMPLOYER'S ADDRESS AND PHONE? _____

HOW MUCH DO YOU MAKE? _____ ARE YOU PAID WEEKLY, MONTHLY, OR BI-MONTHLY?
_____ How many hours per week do you work? _____

DOES YOUR SPOUSE WORK? Yes _____ no _____ If yes, where? _____

DO YOU HAVE A CHECKING OR SAVINGS ACCOUNT? Yes _____ no _____

If yes, how much money do you have in these accounts? _____

Where is your account? _____

DO YOU OWN ANY STOCKS OR BONDS? Yes _____ no _____ If yes, how much? _____

DO YOU OWN A VEHICLE? Yes _____ no _____ If yes, what make/model? _____

DO YOU OWN A HOUSE OR LAND? Yes _____ no _____

If yes, how much is your house/land worth? _____

DO YOU HAVE ANY OTHER SOURCE OF MONEY OR ANYTHING WORTH ANYTHING? If yes,
explain _____

APPLICANT'S SIGNATURE: _____

DATE: _____

Application Approved _____

Application Denied _____

Judge/Commissioner of Family Court

Attorney Appointed